

CITY OF FAIRFAX

MECHANICAL / GAS PERMIT APPLICATION

FIRE DEPARTMENT
OFFICE OF CODE ADMINISTRATION
10455 ARMSTRONG ST. #208
FAIRFAX, VA 22030
(703) 385-7830 WEB: www.FairfaxVA.gov
FAX (703) 385-9265

PERMIT NO. _____
DATE _____
PERMIT FEE _____
INVOICE NO. _____
CARD MADE _____

RE: BUILDING PERMIT# B-_____

I. JOB LOCATION

ADDRESS _____ SUITE# _____
TENANT'S NAME _____

II. NAME OF OWNER

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____

III. MECHANICAL CONTRACTOR

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____ FAX NO. _____
VA CONTRACTOR'S LICENSE # _____ * EXPIRATION _____

*** A COPY OF THE CONTRACTOR'S VIRGINIA STATE LICENSE MUST BE PROVIDED**

Type Building _____ Use Group _____

Plans and Specs: _____ filed with building application or _____ attached

Type Equipment	Manufacturer	Model	Number	Rating / Tons / BTU's

Estimated Cost of Ductwork \$ _____
Number of Fire Dampers Required _____ Gas Line _____
Number of Sub-Ducts Required _____ Number of Gas Fixtures _____
Remarks _____

I hereby certify that I have the authority to make this application, that information given is correct, and that use, construction and installation shall conform to all applicable laws and regulations enforced by the City of Fairfax. I further certify that if I am acting as an agent for a properly licensed contractor, or contractor exempt from registration, I have his/her authority to apply for this application.

For replacement equipment, I certify the installation of this mechanical equipment WILL NOT RESULT in any greater visual impact than the current existing equipment.

Applicant Signature: _____ Date _____

Print Contact Name _____ Contact Phone/fax _____ extension _____

Estimated Cost of Work \$ _____ Zoning Administration Approval: _____